

HISTORY FACILITY PROFILE

INFINIA AT ALTA
4035 SOUTH 500 EAST
SALT LAKE CITY UT 84107
STATE'S REGION CODE: 001

PROVIDER #: 465100
PHONE NUMBER: (801) 262-9181
PARTICIPATION DATE: 08/01/1985 CERTIFIED: 99

FACILITY BEDS
TOTAL: 99
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 04/11/2002

TOTAL: 71
MEDICARE: 4
MEDICAID: 65
OTHER: 2

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 99

18 18/19 19 ICF/MR
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99

CURRENT SURVEY REVISIT DATES - 06/03/2002

PRIOR 3 SURVEY 10/1998	S/S CODE	PRIOR 2 SURVEY 12/1999	S/S CODE	PRIOR 1 SURVEY 03/2001	S/S CODE	CURRENT SURVEY 04/11/2002	S/S CODE	PLAN/DATE OF CORRECT
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PROGRAM REQUIREMENTS

X	D								REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	D						REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
		X	E			X C	E	06/01/2002	REQ F0241-DIGNITY
				X	F				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	D								REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
		X	D						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	D						REQ F0282-SERVS BY QUALIFIED PERSONS IN ACCORD W/ CARE PLAN
						X C	B	06/01/2002	REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
				X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	G			X C	G	06/01/2002	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
				X	D	X C	D	06/01/2002	REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
				X	D				REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
X	B	X	E						REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	E						REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E						REQ F0365-FOOD IS PREPARED TO MEET INDIVIDUAL NEEDS
		X	D						REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
X	B								REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
X	E	X	F	X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	D						REQ F0463-RESIDENT CALL SYSTEM
		X	F						REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
				X	F				REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
		X	E						REQ F0492-COMPLIANCE WITH FEDERAL/STATE/LOCAL LAWS/PROF STD
				X	D				REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
				X	F				REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 07/1998	PRIOR 2 SURVEY 11/1999	PRIOR 1 SURVEY 02/2001	CURRENT SURVEY 04/16/2002
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PLAN/DATE
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

X			X C	06/01/2002	K0018-CORRIDOR DOORS
X			X C	06/01/2002	K0046-EMERGENCY LIGHTING
		X			K0050-FIRE DRILLS
		X			K0051-FIRE ALARM SYSTEM
X					K0056-AUTOMATIC SPRINKLER SYSTEM
X	X	X	X N		K0061-MAIN SPRINKLER CONTROL
	X	X			K0062-SPRINKLER SYSTEM MAINTENANCE
	X	X			K0064-PORTABLE FIRE EXTINGUISHERS
X					K0066-SMOKING REGULATIONS
X					K0070-SPACE HEATERS
	X		X C	06/01/2002	K0076-MEDICAL GAS SYSTEM
	X	X			K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	4	8	14	5
HEALTH TOTAL	4	8	14	5
LIFE SAFETY CODE	4	6	7	6
LIFE SAFETY CODE + HEALTH	8	14	21	11

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/01/2000	UNSUBSTANTIATED
08/15/2000	UNSUBSTANTIATED
03/20/2001	SUBSTANTIATED
06/26/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT